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ABSTRACT

This report reports activities of the Regional Information Exchange (RIE) program under the National Institute on Disability and Rehabilitation Research's Knowledge Dissemination and Utilization Program. An overview compares the RIE program with a National Diffusion Network unit--the Joint Dissemination Review Panel, which also focuses on validating effective programs and encouraging dissemination. The operational procedures of five regional RIEs which follow centrally etablished funding priorities are described. Issues are discussed concerning: (1) the nomination and validation of exemplary programs; (2) RIE priorities; (3) dissemination and utilization activities; (4) RIE evaluation procedures; (5) the program's regional configuration; and (6) the relationship of the program's activities to the parent organization's broad research and dissemination mission. Differences in approach among the RIEs are stressed, with two RIEs emphasizing rigorous, systematic, research based evaluation and validation; two emphasizing proactive, hands-on, organizational capacity building; and one focusing on a specific topical area. Recommendations include: RIEs should consider limiting the priorities addressed; site visits to applicant programs should be part of validation activities; and establishment of a national RIE component should be considered. (DB)

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THE REGIONAL INFORMATION EXCHANGE:

A REVIEW OF PROGRAM OPERATIONS AND ACCOMPLISHMENTS

15 December 1989

by

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Introduction

The Regional Information Exchange (RIE) program is one of a number of activities supported by the National Institute on Disability and Rehabilitation Research's (NIDRR) Knowledge Dissemination and Utilization program to accomplish the agency's statutory requirement for

> . . .disseminating information acquired through research funded by the Institute to other Federal, State, and local public agencies and to private organizations engaged in research relating to rehabilitation or providing rehabilitation services (Rehabilitation Act of 1973, as amended).

The purpose of this report is to analyze the status and accomplishments of the program in helping to fulfill NIDRR's information dissemination responsibilities. Included are (1) an overview of the program, (2) analysis of issues relevant to the program's accomplishment of its stated purpose, (3) and recommendations concerning the program's ongoing contribution to NIDRR's information dissemination activities. Information sources on which this report are based include available documents (applications, annual and final reports, materials developed and disseminated by individual RIEs), and interviews with RIE staff and a sample of Advisory Committee members, exemplary programs, and users.[1]

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[1]A brief discussion of the study's data collection activities is provided in Appendix A.

Overview of the Program

The Regional Information Exchange (RIE)[2] program has as its chief purpose the promotion of ". . .new, validated practices and exemplary programs in selected priority areas in order to improve the service delivery system for disabled individuals." Initiated in 1983 with the award of two grants, the program is to some extent modeled on the National Diffusion Network (NDN)'s Joint Dissemination Review Panel (JDRP),[3] which the U.S. Department of Education (ED) established in 1972 to identify and publicize programs that had been proven to be effective in local schools (Ralph and Dwyer, 1988). In general, the RIE program follows the NDN's model of validating effective programs, which then are available for dissemination to organizations interested in implementing programs and practices that have been demonstrated to be effective.

The chief organizational difference between NDN and the RIE program is its regional configuration. NIDRR's original grants went to organizations in Regions VI and IX. Two additional grants were awarded in 1986 to support RIEs in Regions I and II, and in 1988 an RIE was established in Region IV. Thus, at present the RIE program covers five of the 10 federal regions, with each center charged to identify, validate, and disseminate exemplary rehabilitation practices and programs within its region.

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[2]The program's original name was changed from "Regional Rehabilitation Networks" to "Regional Diffusion Networks" in 1985. The program became the "Regional Information Exchanges" in 1988. Individual centers have used variations on the formal program name (e.g., the Region VI program was formerly known as the "Regional Rehabilitation Exchange").

[3]The JDRP was restructured in 1987; as part of this reorganization, the panel's name was changed to the Program Effectiveness Panel (PEP).

Additionally, unlike the NDN, NIDRR does not have in place a mechanism for providing exemplary programs with funds for dissemination activities, although RIE funds do support technical assistance for potential adopters of exemplary programs. Interestingly, one of the five RIEs has implemented a subcontracting arrangement with its exemplary programs to support their dissemination activities.

The general process implemented by the five RIEs in responding to their charge to identify and disseminate exemplary programs and practices follows the specifications of NIDRR's statement of funding priorities:

- Develop criteria for identifying exemplary rehabilitation programs, and develop information collection instruments which include measurements related to the identified criteria;
- Solicit nominations of exemplary programs in the priority areas from program operators, consumer organizations, and other relevant parties in the selected region;
- Develop and implement a procedure to select the most promising programs for further consideration and arrange independent peer reviews of those programs to determine exemplary programs for diffusion purposes;
- Develop public relations and marketing approaches to make the wide audience of rehabilitation service providers and special educators aware of the exemplary programs and stimulate their interest in adopting or adapting similar models, assisted by the diffusion network;
- Facilitate the exchange of technical assistance between the exemplary program and the requesting adopter program through onsite demonstrations, training materials, and direct consultation;
- Develop and maintain a referral system of expert consultants in these priority areas of the project to facilitate the linkage of service providers and disabled consumers to knowledgeable resources; and

- Maintain appropriate data on the diffusion network to support an evaluation of its effectiveness (Federal Register, 10 November 1987, p. 43305).

Analysis of Issues Concerning Program Operations and Accomplishments

This section addresses issues associated with the RIE program's operations and accomplishments that are of particular interest to NIDRR as well as others that have emerged over the course of the program review. Included is discussion of issues organized around the following general topics: (1) the nomination and validation of exemplary programs, (2) RIE priorities, (3) dissemination and utilization activities, (4) RIE evaluation procedures, (5) the program's regional configuration, and (6) the relationship of the program's activities to NIDRR's broad research and dissemination mission.

Nomination and Validation

All five RIEs have develop a similar process for awarding exemplary status to projects in their regions. Nominations are solicited from rehabilitation professionals, parents, consumers, and others involved in the rehabilitation system (sometimes projects are self-nominated). Each nominee is invited to apply for consideration, at which point the RIE provides information on the validation requirements and on the expectations of exemplary projects. At this point, a considerable number of interested projects withdraw from further consideration, some because of the paperwork burden of completing an application and others because they are unable or unwilling to undertake the activities required of exemplary projects.

For those interested in continuing, the RIE obtains detailed information from the applicants, which the staff review and synthesize in preparation for the independent review. Four of the RIEs use their Advisory Committee for review purposes; the fifth establishes review panels of experts and practitioners in the priority area under consideration. Four of the RIEs make site visits to all projects before they are validated: three conduct these visits before the Advisory Committee reviews the applicants and one after the Committee has made its recommendations. The fifth makes some site visits but, because of cost considerations, relies on its network of expert consultants for verification of the project's claims.

On average, about 16 percent of all nominated projects achieve exemplary status, and less than 30 percent (29 percent) of projects that complete the application process are selected. Those that fail to achieve the designation are "debriefed" by RIE staff, offered technical assistance, and invited to be considered at a later time.[4] Each exemplary project receives a citation and is subsequently included in the RIE's catalog of exemplary programs. They then become involved in dissemination and technical assistance that are arranged by RIE staff in response to requests from potential adopters and adapters.

Three of the five RIEs have implemented a process for assessing projects at two levels: those that meet all of the standards established by the RIE for validation as exemplary and those that do not meet all of the standards but can be considered "promising." The latter are typically programs that either do not meet all standards for exemplary status but have in place components that are thought to be worth disseminating or do

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[4]This process is delicate and time consuming, and several RIE directors commented on its importance in terms of ensuring the effectiveness of the regional networks whose maintenance is critical to accomplishing their broad program improvement mission.

appear to meet all standards but are relatively new and lack sufficient track records for full validation. Additionally, in some instances, the programs may qualify for exemplary status but appear to have limited capacity to fulfill the dissemination and technical assistance activities required of the exemplary programs. Finally, one RIE is listing and disseminating information on programs that have been nominated but not validated as exemplary; this program resource guide provides descriptive information on a wide variety of organizations providing services in the RIE's region.[5]

Validation criteria. Across the five regional RIEs, a great deal of variation exists in the standards and measures used for validating programs as exemplary and also for collecting and disseminating information on other programs, computer systems and software, expert consultants, and other resources that may be useful in rehabilitation services for persons with disabilities. In effect, while all of the RIEs follow the outlines of the model established by NIDRR for guiding grantee operations, the variation in criteria developed for evaluating applicants has meant that there is little uniformity in what it means to be designated as "exemplary" across the regions currently served by RIEs.

For example, two of the RIEs have implemented a validation system grounded in rigorous outcome-oriented standards and measures for validating programs. Two others are using an essentially process-focused list of quality indicators that is extensively based on the standards for independent living centers developed as part of a congressionally mandated national evaluation conducted several years ago. These RIEs aim to diffuse a philosophy of consumer involvement and control as a

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[5]This grantee has also published a consultant resource guide for dissemination throughout the region.

sine qua non for effective projects. Further, as noted earlier, several of the RIEs are assessing and publicizing projects that are not "exemplary" but rather "promising," and one is disseminating projects that have been nominated but have not received any review. One is disseminating information on computer applications that is not validated, although the grantee does investigate developer claims and collects information from programs that have adopted the systems to the extent possible. (This RIE makes it clear that inclusion in the listing is not necessarily a recommendation.)

The one baseline criterion that nearly all the RIEs (four of the five) use in their validation systems is a program's capacity and willingness to undertake dissemination and technical assistance activities if the program achieves exemplary status.[6] In effect, then, a program cannot be exemplary if it is unable to engage in dissemination activities. (At the same time, many of the exemplary programs are located in organizations at least part of whose ongoing operations involve technical assistance and capacity-building activities.)

The concept that the individuals who develop and operate a program should also be its disseminators is probably a legacy that the RIE program has inherited from JDRP/PEP. However, fundamental differences between the two systems' organizational and funding structures, considered in light of the number of nominees who drop out of the RIE process, suggest that this arrangement may be inappropriate for the RIE program.

Many of the programs nominated for exemplary status are relatively small organizations: rehabilitation facilities,

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[6]This criterion is not really relevant to the other RIE in that grantee staff perform dissemination and technical assistance activities rather than brokering these activities between an exemplary program and a potential adopter/adapter.

independent living centers, small school-to-work transition programs operating within schools, or psychosocial rehabilitation programs. Such organizations, as direct service providers, have relatively limited staff and fiscal resources, and may be unable (or believe they are unable) to devote scarce resources to the amount of consultation and technical assistance necessary to assist others in adopting their innovation. The relatively high dropout rate at the nomination stage supports this notion.[7]

Further, it is not clear that program developers are necessarily the best persons to translate innovations into other settings. As direct service providers, these individuals often have limited experience with (or interest in) undertaking the complex and sensitive work of teaching others how to do what they do. Even within the NDN, recent experience has suggested that at least in some instances the system's most effective developer-demonstrators are not a program's developer or a model classroom teacher but rather a person who is a "good performer, a superstar in the field," who has particular skills at working with potential adopters to overcome the personal and organizational disincentives to change (Interview with Max McConkey, Executive Director of the National Dissemination Study Group, 1989).

At least two of the RIEs, recognizing these issues as potential barriers to successful adoption of their exemplary programs, have implemented strategies specifically intended to overcome these problems. One RIE uses subcontracts to provide funds to the exemplary programs to support their dissemination activities. The other uses RIE staff to perform all of the technical assistance and consultation activities associated with adoption/adaptation rather than expecting the exemplary programs

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[7]As noted earlier, programs that achieve exemplary status under PEP can apply to the NDN for dissemination grants that support such activities.

to perform these activities themselves. The other three RIEs also recognize this component of their work as particularly challenging. Some spend a considerable amount of time providing technical assistance to their exemplary programs to help them learn how to disseminate. Others work extensively as brokers, or "facilitators," between the exemplary program and potential adopter to help break down barriers to organizational change.

Benefits of exemplary status. Even given these problems, the programs that do go through the validation process and achieve exemplary status believe that they derive considerable benefits. One director of a supported employment program commented that the status has been very helpful in her attempts to convince private employers to commit job slots to her clients. Another director said that the community in which the program is located feels a sense of ownership in the program since its designation; government officials send staff of other agencies to her program for help in developing their supported employment activities. Additionally, one director mentioned a positive effect on staff morale and motivation; their own expectations for the quality of their work have increased since the program achieved its exemplary designation. Finally, the director of a school-to-work transition program, which had lost its primary funding (from the Job Training Partnership Act) owing to the Private Industry Council's change in priorities, has had the funding reinstated, at least in part because parents had lobbied for the program's availability for their children. Now, PIC members are her "best friends," and she believes that her funding is secure. She attributes this turnaround to her designation as an RIE-validated exemplary program.

Priorities

In the program's early years, grantees, in consultation with their Advisory Committees (whose representation included

administrators and practitioners drawn from rehabilitation and other relevant organizations in states within their region), selected the priorities they addressed in their validation activities. More recently, NIDRR has specified priorities to be addressed by each RIE, although the grantees are free to add others to the federally specified priorities in order to meet the particular needs of their regions. For example, priorities specified by NIDRR for the 1988 competition included (1) use of rehabilitation technology in vocational rehabilitation, (2) barrier-free environments, and (3) transitional employment programs. Additionally, RIEs are free to undertake priorities in other areas of particular concern within a region.

Information presented in Table 1 shows the numbers of projects that are currently validated as exemplary or promising in the priority areas addressed by the RIE program as a whole.[8] The total number of areas in which RIEs validate programs is somewhat larger than the eight shown in the table. The first category (transition/supported employment) comprises both supported employment programs and a number of transition-related programs, including school-to-work transition and adult transitional programs (either employment or independent living).[9]

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[8]The table does not list projects validated in the RIEs earlier grant periods unless they have been revalidated in the past two years. Thus, the overall number of validated projects is larger than the numbers shown in the table.

[9]Interestingly, none of the RIEs seems to have defined this priority category as the classic transitional employment programs, originally developed by Fountain House in New York, that have been available for persons with long-term mental illness for many years, although one RIE does identify programs for persons with long-term mental illness as a priority. That RIE has yet to validate programs in that service delivery area, however.

Table 1

Distribution of RIEs' Exemplary and Promising Programs by Priority Area

November 1989

Priority	Exemplary	Promising	Resource
Transition/ Supported Employment	44	25	0
Independent Living	7	1	0
Least Restrictive Environment	2	0	0
Job Placement	2	0	0
Assistive Technology	8	0	47
Technology in VR	0	0	30
Computer Applications	1	47	0
Barrier-Free Environments	0	0	0
TOTAL	64	73	77

Of the four RIEs with transitional/supported employment as priorities, three distinguish between transitional and supported employment programs, while one combines the two categories. For the three that make the distinction, the distribution of projects is as follows:

- Supported employment

  Exemplary 14
  Promising 1

- Transition

Exemplary	21
Promising	1

- Supported employment and transition

Exemplary	2
Promising	0

As the information in the table indicates, the RIEs have not yet completed much in the way of validation activities in two of the priorities contained in the most recent NIDRR-specified priority areas: use of rehabilitation technology in vocational rehabilitation and barrier-free environments. One RIE, with approval from the federal program officer, has developed a resource directory in technology but is not planning to undertake program validation in that area. Another, again with approval from the federal program officer, dropped the three priorities proposed in the original grant--transitional employment, technology, and barrier-free environments--and is focusing instead on assistive technology for all persons with disabilities, ranging across all disabling conditions, types of assistive technology, and age groups. Another RIE is attempting to address technology and barrier-free environments and has expanded its Advisory Committee to include experts in these areas. Finally, one RIE does not expect to address these priorities in the current 18-month grant because of an overload of supported employment and transition projects that are already "in process" in terms of validation.

Among the RIE-selected priorities in which some RIEs are working are independent living (two RIEs), job placement (one RIE), and computer applications (one RIE). Additionally, one RIE is validating programs in supported employment based on the recommendations of its Advisory Committee; this area was not a federal priority in its grant competition.

Selection or specification of priorities is obviously a key component of RIE activities. Those specified by NIDRR target topics of national interest, while those selected by individual RIEs, generally on the recommendation of Advisory Committees, respond to the particular needs of the region. (Further, to some extent RIE-selected priorities depend on the grantee's organizational capabilities.) The overlap between the two is considerable but not complete. As noted earlier, the federal priorities of barrier-free environments and technology in vocational rehabilitation are not clear priorities in several of the regions. This is not to say that these topics lack importance or that no needs exist but rather that the Advisory Committees and RIE staff in those regions perceive greater needs in other areas.

Further, the extent to which an RIE is able to respond to a national priority depends on the state of the art within that region, since both exemplary programs and adopters are identified at a regional level. As an illustration, in the early years of one RIE, federal officials recommended that the RIE work in the area of supported employment. At the time, however, very little was occurring in that region in supported employment; thus the staff were hard pressed to identify any regional programs for validation.

Given the program's regional orientation, the size of grants, and the labor intensity of the validation process itself, the total number of priorities that an individual RIE can realistically handle over a three-year period should probably be limited somewhat both in size and in scope. In terms of size, five or six priorities, the number in which at least three of the RIEs are currently operating, are probably too many. In terms of scope, the current list of priorities falls into two fairly distinct categories: service delivery programs (supported and

transitional employment, independent living, services for chronically mentally persons, school-to-work transition, and job placement) and technological support (assistive technology, rehabilitation technology, barrier-free environments, and computer applications). The two categories require different types of expertise (e.g., for barrier-free environments, architects are needed). Further, there is a question as to whether such activities can be validated and replicated in the same way as a supported employment program. Certainly effective practices can be identified and disseminated, but it may be that the RIE model will require some modification if the grantees are to undertake these priorities. Thus, cost effectiveness and quality considerations may suggest that a particular RIE should limit activities over a three-year period to a fairly small number of priorities in one category of activities. (In fact, one RIE has recently reduced the number of priorities it addresses from seven to four.)

Dissemination and Utilization

The RIE program's dissemination and utilization (D & U) activities generally fall into the categories of information sharing and formal program adoption or adaptation. All of the RIEs conduct needs assessment, develop marketing, or outreach, plans, and use a system of state-based Knowledge Utilization Specialists (variously called "conveners," "state networking associates," "staff associates," and the like). The latter typically are paid an annual honorarium and serve two functions: they "spread the word" about the RIE, and they identify potential exemplary programs, potential adopters/adapters, and others in need of information available from the RIE.

Information sharing. All of the RIEs publish a newsletter that provides updates on exemplary programs, advertises the RIE's services, and contains notices of meetings and conferences. They

all publish catalogs of their exemplary programs, which they disseminate widely in their regions. RIE staff attend conferences (typically between 10 and 15 per year) where they make presentations and distribute RIE materials. They conduct seminars and workshops, and most hold an annual conference within their region. Several operate an 800 line for the convenience of their constituents, and one operates a hot line. Finally, they provide technical assistance and perform capacity-building functions for organizations within their region.[10]

These activities, all with the objective of improving rehabilitation service delivery, are important to the RIEs' visibility as repositories of usable information. Materials are attractive and essentially user friendly (most use desk top publishing to increase the "salability" of their materials), and the usefulness of information obtained from the RIEs was cited by a number of respondents. Many, however, described the need for more information, outreach, and technical assistance from the RIEs, perceptions that illustrate the perceived need for and usefulness of the program in the regions that the RIEs serve.

Adoption and adaptation. Collectively, three of the five RIEs report a total of 70 adoptions, while two RIEs have not yet completed any adoptions. The process of facilitating adoption of exemplary programs is complex, with some of the factors that affect a program's ability to attain exemplary status also affecting the likelihood that formal program adoptions or adaptations will occur. Unlike the NDN, where many school systems undertake adoptions of an effective program or practice as an essentially new endeavor, rehabilitation organizations more

[10]A number of these activities are to organizations beyond regional boundaries, although if RIEs are requested to broker agreements between exemplary programs and potential adopters outside their regions, they must obtain approval from the federal program officer.

often are in the position of incorporating the innovation within an operating program, and a number of factors may affect an organization's capability, or even willingness, to make the attempt. Among these factors are the following:

- Availability of sufficient staff or fiscal resources; small rehabilitation facilities or independent living centers may not have resources to commit to the effort
- Organizational placement of the advocate for the innovation; in some instances this person is not the organizational decisionmaker and is unable to make an organizational commitment
- Willingness on the part of the potential adopter to sign a formal memorandum of agreement with the RIE and exemplary program; several RIEs report that potential adopters view this agreement as a legal contract and decide not to pursue adoption at this point in the process because of their reluctance to enter into a "contract"
- Willingness of a potential adopter to "throw out" the existing program and start over with the exemplary model
- The complexity of the exemplary program; it is much easier to implement an automated client assessment system in an existing service provider agency than to develop a program where structural reorganization is required (e.g., a supported employment program requiring collaboration between two agencies)

In fact, perhaps partly in response to these factors but also as a result of how they define their mission, two of the RIEs really define "adoption" as something other than formal replication of an exemplary program in another setting. One RIE believes that while adoption is a goal and some adoptions may be accomplished during this grant period, their original needs assessment revealed that the region is at "a very rudimentary level" in their priority area. Consequently, they have "backtracked to awareness," and their intent in the current grant period is to articulate a paradigm of the <u>process</u> of delivering

effective services, as well as to determine the most effective methods to disseminate information in this area. Accomplishment of these purposes will place them in a position to undertake formal adoption activities in subsequent years.

Based on its philosophy, the second RIE believes that the most effective means to program improvement is to operate at the person-to-person level. With the full commitment of their Advisory Committee, they are working to diffuse this philosophy throughout the region. Thus they are trying to build the capacity of individuals to perform, make decisions, and live better lives. They believe that this strategy will lead to improved capacity to provide effective rehabilitation services throughout the region, although they recognize the difficulty in determining the extent to which influencing persons translates into action. For this grantee, while adoption is a goal, it is not really the primary focus of the RIE's activities.

As these variations indicate, the adoption/adaptation component of the RIE program is in some ways problematic. In fact, one RIE director commented that since the RIE cannot really exert leverage on organizations to ensure that adoptions occur, their numerical performance in achieving adoptions is probably not an appropriate measure of their effectiveness in facilitating improvement in the rehabilitation services available in their regions.

RIE Evaluation Procedures

All five RIEs include evaluation of their centers as one of their activities; three RIEs have contractual arrangements with an independent consultant for evaluation, while two assign staff of their organizations to this activity. These evaluations focus primarily on RIE processes, such as the number of requests for information, number of programs validated as exemplary, or nature

of technical assistance requests and consultations. One RIE has used an independent consultant to review validation forms and procedures but not to review the status and accomplishments of the center overall.

Some of the centers do include summative measures (e.g., effectiveness of technical assistance activities, performance of adopters). At least one RIE director, who has been dissatisfied with the "bean-counting" activities performed by the independent evaluator in the past, will include user surveys and other methods for collecting performance information in future evaluations. (Most of the RIEs do in fact request critiques from their users, although the response rates are often low, and such information is consequently less useful for self-assessment than it might otherwise be.)

These evaluation activities constitute a relatively small investment of RIE resources, and, while information obtained appears to be useful to the centers as they review their activities and plan for subsequent years, the evaluations may be of limited utility in decisionmaking concerning future directions, needed changes in activities or foci, and the like. In fact, for broader policy-related advice and guidance, the RIEs probably rely more heavily on their Advisory Committees than on their independent or in-house evaluators.

Regional Configuration of the RIE Program

As originally conceived by NIDRR decisionmakers, the RIE program was to be regionally organized but nationally focused. That is, eventually each region would have an RIE whose chief mission would be to address the specific program improvement needs within the region. Additionally, under NIDRR's direct management, the program would also be a national resource, with a national catalog of exemplary programs and a national information

system containing all of the exemplary programs in a database that would be available for research as well as for dissemination and utilization purposes. To support this national component, the intent was to implement standardized program validation criteria and procedures so that the definition of "exemplary program" would be consistent across regions. Thus, information requests that came to an RIE from individuals outside the region could be referred to another RIE, and sufficient uniformity about what constitutes an exemplary program would ensure common understandings in the RIE program as a whole.

This "regional-national" conception of the RIE program has not yet been realized: as currently configured, RIEs are in place in five of the ten regions; NIDRR does not disseminate a "national" catalog of exemplary programs; while some of the grantees maintain a database of exemplary programs, it is not standard across the five RIEs; there is no national database; and, as noted earlier, the standards and measures used for validating programs as exemplary vary widely from region to region. Thus there is really no consistent definition of "exemplary" in the program as a whole. One question regarding the program's status and future is what the advantages and disadvantages are of the program's regional configuration as currently implemented in the five regions.

The program's mission to help implement program improvements in rehabilitation service delivery is probably best served by the RIE's current regional configuration. As one RIE director pointed out:

> I think a regional approach is necessary where people are so important. To move research into action requires a lot of personal involvement--paper only goes so far--you have to sit and talk and convince people, get their trust. That's how people get over being afraid of change.

Another director pointed to regional provinciality, which extends to the intraregional level, as a rationale for the regional organization. For example, in that region supported employment is centrally administered at the state level in one state and locally managed in a neighboring state. Further, variation in urban density can be important in terms of what is transportable. These are factors that people within a region are more likely to understand as they attempt to facilitate change than would be possible if the program were entirely nationally based. Finally, regions differ in levels of performance in particular topics, and a regional RIE can target outreach activities to the unique needs of a region.

At the same time, 25 states are not covered by the RIE program, and under the program's current funding level the existing grantees have limited capacity to provide much service in those states. They do routinely receive requests from outside their regions and respond with information and materials. Except infrequently, however, they are unable to provide assistance to potential adopters outside their regions.

A national component of the program might yield considerable benefit to NIDRR and to the segments of the rehabilitation system that the RIE program serves. A national catalog of exemplary programs and a national database for use by rehabilitation researchers, policy makers, and administrators would both highlight NIDRR's support of activities intended to foster improvement in direct service delivery and help to extend the reach of the RIEs. The key to implementing such a component would be to effect sufficient standardization of validation standards and measures across all RIEs while at the same time maintaining adequate flexibility within which the individual RIEs can respond effectively to the needs of their regions.

Relationship to NIDRR's Research Mission

One aspect of NIDRR's statutory responsibilities is to facilitate the diffusion of its funded research findings through support of dissemination activities. Accordingly, one issue of concern to the agency is the role played by the RIE program in NIDRR's fulfillment of these responsibilities.

The RIEs' dissemination of NIDRR-funded research is of two types. The first is dissemination of the findings of rehabilitation research funded by NIDRR under other program authorities (e.g., the Rehabilitation Research and Training Centers [RTCs], field-initiated or research and development grants). Examples of dissemination at this level include the following:

- Four of the five RIEs are disseminating findings of the research that NIDRR has funded in supported employment; in particular, these grantees are translating the research of Wehman and others on the supported employment model that has been implemented and evaluated at Virginia Commonwealth University's RTC;
- Four RIEs are also disseminating the state of the art in transition (school-to-work transition, transitional employment, and transition to independent living), much of which has been supported by the agency; one is working in rehabilitation services for persons with long-term mental illness; two are working in independent living; one in job placement and one in least restrictive environment;
- One RIE reports using research findings from the Rehabilitation Engineering Centers as one basis for its work in assistive technology;
- Several of the grantees have in part based their procedures for dissemination and utilization on research that NIDRR has supported in this field.

The extent to which this component of the RIEs' dissemination activities is systematic and comprehensive is not clear. It does not appear that a formal, program-wide mechanism for acquiring up-to-date information about NIDRR-funded research is currently in place, and the extent to which individual RIEs acquire and incorporate all relevant research findings is unknown. Overall, however, the RIEs report interactions with the National Rehabilitation Information Center (NARIC), the relevant RTCs, and other organizations sponsored entirely or in part by the agency.

The second type is the work of the RIEs themselves. With varying degrees of rigor, each of the grantees is conducting empirical, evaluative research in the field of rehabilitation service delivery. The program validation activities can be seen as legitimate evaluative research, which the RIEs then disseminate through the brokering and provision of technical assistance with service providers throughout their regions. Particularly in the current federal environment of emphasis on program improvement in education, employment training, and human services, this activity appears to have potential to take understanding of what is effective in human service programs to a higher level of sophistication and legitimacy than currently exists, a development that would be good not only for rehabilitation but might have a payoff in other fields of human service programming as well. Again, however, some type of synthesis and systematization at the national level would likely be helpful in this context.

Summary

NIDRR's program guidelines broadly define the RIE model, specifying a set of activities beginning with development of criteria for selecting exemplary programs and extending through

the requirement to maintain information on RIE activities and outcomes. All of the RIEs are basically responding to these guidelines, although the foci of the grantees vary considerably, depending in part on which of the early RIEs the later grantees used as a model, on their regional environments, on the nature of the organizations in which they operate, and on how they have translated those guidelines into action.

Two of the grantees place a great deal of emphasis on rigorous, systematic, research-based evaluation and validation of programs, and one of these is constructing a database that they believe will be useful to other researchers interested in investigating such issues as variation in services according to client demographic characteristics and disabilities, the influence of program location on outcomes, and the like. Two other RIEs place great emphasis on proactive, hands-on organizational capacity building, with somewhat less emphasis on validation or replication of programs per se. These grantees tend to define "adoption" as broader than the faithful replication of a program model in another setting. (Both of these RIEs have very strong organizational histories in the techniques of knowledge transfer.) Finally, one RIE has chosen to work in a topical area in which its host organization has considerable national experience. A major emphasis of this grantee at present is to "raise the water level" of the region such that persons needing services will be better able to locate and obtain them than has been possible in the past. The intent is to create an environment that will accommodate increasing emphasis on other activities, such as program adoption or adaptation, over time.

Each of these variations on the model operates within the federally articulated scope of the program, and each has certain advantages. For example, the "research" model, based on the rigor of the validation process, offers a high level of

credibility and consistency in the definition of "exemplary program" and thus is a viable mechanism for fostering program improvement. The "capacity-building" model, working more extensively (though certainly not exclusively) at the person-to-person level, effects program improvement through activities intended to influence the knowledge and attitudes of individuals working throughout the system. Interviews with RIE users in the regions served by the program suggest that the strategies that have developed over time are in fact helping to improve the quality of rehabilitation services available to persons with disabilities.

Recommendations

Several recommendations concerning the RIE program emerge from the analyses presented in this report. The thrust of the recommendations is to suggest strategies for strengthening a program that, according to RIE advisors and users and the review of operations and products, is currently making an important contribution to the improvement of rehabilitation service delivery in the regions of the country where it operates. Many of these recommendations are touched on in the body of the report and are summarized briefly here:

- RIEs should consider limiting the priorities they address to a small, coherent set of activities that can be managed effectively within the constraints of available time and resources.
- Site visits to applicant programs should be an integral component of RIE validation activities.
- The distinction between "exemplary" and "promising" is blurry; if the latter category is maintained, careful distinctions should be made and communicated to potential adopters and adapters as well as others in the field of rehabilitation service delivery. Improvements might include production of separate catalogs and publication of carefully articulated definitions for each category of program.

Alternatively, consideration should be given to dropping the "promising" category.

- Avenues for providing funding to exemplary programs to support dissemination and technical assistance activities should be explored.

- NIDRR should consider implementing a national component of the RIE program. This component, which might include a national catalog of exemplary programs and a database for use by researchers and practitioners, would publicize NIDRR's activities and help to extend the reach of the program. A key issue in this activity would be the need to establish uniform criteria and definitions for what constitutes an exemplary program and at the same time to retain the flexibility necessary for individual RIEs to operate effectively as regional resource networks.

Appendix A

Summary of Study Methods

Study Methods

Activities that formed the basis for the review of the status of the RIE program included the following:

- Review of all RIE documents, including grant proposals; quarterly, annual, and final reports; catalogs of exemplary programs; catalogs of consultants and other resources; newsletters; manuals and other materials associated with nomination and validation of exemplary programs; technical assistance materials; and other program-related documents provided by NIDRR or the RIEs;
- Site visits to three RIEs, along with personal interview with the director of a fourth RIE;
- On-site and/or telephone interviews with RIE project directors and other staff;
- Telephone interviews with a sample of exemplary or promising programs;
- Telephone interviews with a sample of adopters or adapters of exemplary programs;
- Telephone interviews with a sample of RIE Advisory Committee members;
- Telephone interviews with a sample of validation panel members;
- Discussions with NIDRR officials.